



# APPLICATION FOR PERMIT FOR NONRESIDENT BROKER TO ACT AS AN INDIANA PRINCIPAL BROKER

State Form 43363 (R2/12-95)

## OFFICE USE ONLY

Permit Number

Date Issued

**INSTRUCTIONS:** Application must be accompanied by a certification of licensure from the real estate licensing authority state of residence that the applicant is currently licensed as a real estate broker in that state and that applicant's license has not been revoked or suspended, has not been in a probationary status for disciplinary reasons and has not been the subject of a reprimand in the residence state.

Indiana Professional Licensing Agency  
Indiana Government Center South  
302 W. Washington St., Rm. E034  
Indianapolis, IN 46204

Pursuant to IC 25-34. 1-4-3, designated principal broker of a partnership or corporation shall be a resident of Indiana.

### APPLICANT INFORMATION

Name of Applicant	Resident Telephone Number (      )	Indiana Broker License Number
Address (Number and Street, City, State, ZIP code)		Broker License Number of State of Residence
Name of Business Which Applicant Will Conduct Business in Indiana Under the Nonresident Permit		
Location of Proposed Location of Branch Office (s) in Indiana (If applicable)		Business Telephone Number (      )
Name of Bank in Indiana Where Indiana Trust Account Under the Permit is to be Maintained		Account Number
Indiana Bank Address (Number and Street, City, ZIP code)		
Have you ever been convicted of an act that would constitute a ground for disciplinary sanction under IC 25-34.1-6-1.1 or a crime that has a direct bearing on your ability to practice competently? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I, the undersigned applicant verify that all of the foregoing is true and that my real estate license in the state of _____ is in good standing and has never been suspended or revoked or has not been the subject of a reprimand or been in a probationary status for disciplinary reasons.		
Signature of Applicant		Date

### NOTARY CERTIFICATE

STATE OF _____ } COUNTY OF _____ } SS:		
I, _____, first being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.		
Signature of Applicant	Signature of Notary Public	
Printed or Typed Name of Applicant	Printed or Typed Name of Notary Public	
Date Subscribed and Sworn To (Notary Public)	County of Residence	Date Commission Expires